

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 18 1949

7567

State File No.

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| BIRTH NO. <u>49-012909</u> | | REG. DIST. NO. <u>43</u> | | PRIMARY REG. DIST. NO. <u>5135</u> | | Registrar's No. <u>87</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Butler</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u> | | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Quilin Rural</u> | | c. LENGTH OF STAY (in this place) <u>1</u> | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Quilin R. 2</u> | | 0 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home Asst Hill Turp</u> | | | | d. STREET ADDRESS (If rural, give location) <u>0</u> | | | |
| 3. NAME OF DECEASED a. (First) <u>Unnamed Parks Infant (Triplet)</u> (Type or Print) | | | | b. (Middle) | | c. (Last) | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 1 1949</u> | | | | | | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>March 1, 1949</u> | |
| 9. AGE (in years last birthday) <u>15</u> | | 10. KIND OF BUSINESS OR INDUSTRY <u>Infant</u> | | 11. BIRTHPLACE (State or foreign country) <u>Quilin, Missouri R. 1</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Willie Parks</u> | | | | 13b. MOTHER'S MAIDEN NAME <u>Alpha Kitchens</u> | | 14. NAME OF HUSBAND OR WIFE <u>—</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>—</u> | | | | 16. SOCIAL SECURITY NO. <u>—</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Willie Parks Quilin Mo. R. 2</u> | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Toxemia of Pregnancy</u> DUE TO (c) <u>—</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>976X</u> | | | |
| 19a. DATE OF OPERATION | | | | 19b. MAJOR FINDINGS OF OPERATION | | | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>3/1</u> , 19 <u>49</u> , to <u>3/1</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>3/1</u> , 19 <u>49</u> and that death occurred at <u>4:15</u> a.m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Benjamin L. Franklin</u> | | | | 23b. ADDRESS <u>Campbell Mo.</u> | | 23c. DATE SIGNED <u>3/2/49</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Mar. 3 1949</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Berger Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Quilin Mo. R. 2</u> | |
| DATE REC'D BY LOCAL REG. <u>3/11/49</u> | | REGISTRAR'S SIGNATURE <u>R. H. Himmelfarb</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Friends</u> | | ADDRESS <u>Quilin, Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 15 REC'D

Butler Co Health Center

No. 349-11

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Student Embalmer No.

working under my personal supervision.

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.